



Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

NALOXONE INTRANASAL (IN)
Skills Competency Verification Form

PERFORMANCE OBJECTIVE

Demonstrate proficiency in administering naloxone intranasal (IN) for suspected opiate overdose.

TESTING CONDITIONS

The student will be requested to administer naloxone 2 mg (1 mg in each nostril) to an adult patient exhibiting signs of a mixed opioid overdose (e.g. fentanyl patch and Vicodin). Necessary equipment will be adjacent to patient or simulated patient.

EQUIPMENT

Simulated patient, naloxone 2 mg (vial adaptor/preload syringe), and gloves.

PERFORMANCE CRITERIA

Perform all * criteria: Yes or No

Overall Score: Pass or Fail

EMT Name: _____ Date: _____

		Yes	No
*1	Take or verbalize universal body/substance isolation precautions.		
*2	Verbalize performing scene size-up.		
*3	Verbalize performing primary survey.		
*4	Verbalize providing supplemental oxygen or respiratory support as needed.		
*5	Verbalize the removal of any transdermal opioid patches or hypodermic needles.		
*6	State the indications for the administration of naloxone.		
*7	Check for correct medication, concentration, integrity of container, dosage and expiration date.		
*8	Demonstrate or verbalize removing protective caps and screwing capsule of naloxone into a barrel of syringe.		
*9	Demonstrate or verbalize removing any attached adaptors from the syringe and attach the MAD to the syringe via the luer lock connector		
*10	Uses the free hand to hold the occiput of the head stable, places the tip of MAD snugly against the nostril aiming slightly up and outward (toward the top of the ear).		
*11	Rapidly depress the syringe plunger to administer 1mg of medication into the first nostril.		
*12	Reposition and repeat steps 11&12, administering the remaining 1mg of medication into the second nostril.		
*13	Verbalize disposing of the syringe and MAD in sharps container.		
*14	Verbalize continued monitoring of patient and observing for improvement or worsening of the patient's respiratory distress.		
*15	Verbalize completing the secondary survey.		
*16	State indication for repeating naloxone administration.		

Pass Fail

Name of evaluator: _____ Signature of evaluator: _____